FD-PMU EHO RESPONSIBILITIES
SUB COMMITTEE

1. Membership of the sub committee included: LCDR Wright (COMMARFORLANT), LT Locke (NEPMU #6), LT Corson (NEPMU # 7), LTjg Veenhuis, HM2 Houtz, (NEPMU #5), LTjg Henderson and HM1 (SW/AW) Holder (NEPMU #2).

2. The EHO deployed as part of the FD-PMU will be the subject matter expert for the following preventive medicine areas:

a. Theater potable water consultant
b. Food Safety
c. HAPsite for water, soil and air (in the absence of the IHO)
d. Vector Surveillance and Control (in the absence of the Entomologist)
e. Personal Protective Equipment
f. Contract Review
g. Site planning/Set-up
h. Waste Management (solid, liquid, medical)
i. Habitability
j. Medical Surveillance (in the absence of the PMO)
k. Risk Communication
l. Teaching/training
m. Site Assessment
n. Medical Intelligence
o. Administration of Preventive Medicine Programs

3. Competencies for the corresponding preventive areas include, but are not limited to the following criteria:

a. Theater potable water consultant: Demonstrate the ability to conduct Phase I water testing to include: total fecal coliform, conductivity, pH, hardness, turbidity, dissolved oxygen, chlorine, temperature, total dissolved solids and color. Requires colilert/incubator and a digital monitor which tests for above listed parameters (TBD).

b. Food Safety: Demonstrate knowledge of the following food safety concepts and/or conduct the following activities: HACCP principles, approved sources lists/facilities, contracting FE, FBI outbreak investigations, training, medical screening of FE and risk communication.

c. Vector Surveillance: Demonstrate knowledge of vector surveillance and control concepts and be familiar with pesticide application processes to include: researching medical intelligence sources to determine vector-borne health threats, risk communication, pyrethrin application to BDUs/bednetting/tentage, surveillance, identification and control of medically significant and/or nuisance vectors, PPE, rabies control and pesticide spill response.

d. Contract Review: Demonstrate knowledge of contract negotiations to ensure water, food, waste disposal, and habitability requirements are addressed for the operational forces.

e. Waste Management: Demonstrate knowledge of proper collection, storage and disposal of solid, liquid, medical and hazardous waste.

f. Site planning/Set up: Demonstrate knowledge of proper site selection and location of facilities to include the following factors: drainage, wind direction, topography and surrounding terrain, road accessibility, altitude, seasonal variations, flooding zones and cultural sensitivities of host nation personnel. Conduct surveillance to ensure safety and sanitation standards within berthing areas are maintained.

g. Hap-site: Demonstrate the ability to sample and test water/soil/air for VOC and determine the associated health risk.

h. Personal Protective Equipment: Demonstrate knowledge of basic PPE requirements for pesticide application, vector-borne disease avoidance, hot/cold weather injury prevention and risk communication.

i. Training: Demonstrate the ability to present material on a variety of Preventive Medicine topics to include: food safety, potable water, health threats and countermeasures, vector-borne disease threats, heat and cold injury prevention.

j. Pre-site Assessment: Demonstrate the ability to conduct a pre-site assessment prior to deployment of troops to include: data collection and review (AFMIC and other medical intelligence sources), define the mission (who, what, where and how long), determine weather and terrain and the impact on the mission, historical research of prior land use, site reconnaissance (industry on site or in the immediate area, surface bodies of water present, etc.), walk perimeter of site, identifying buildings, roads or other structures, look for signs of potential environmental release (stressed vegetation, stained soil or pavement, recent excavation or land fill areas). Conduct interviews with local health and environmental officials/host nation military liaison to determine prior land use and past pollution problems.

k. Risk Communication: Demonstrate the ability to communicate the risk associated with any Force Health Protection aspect of the deployment to the chain of command.

l. Medical Surveillance: Demonstrate the ability to collect and analyze disease and non-battle injury cases, report findings to the chain of command, complete specified disease reporting requirements, conduct surveillance and implement countermeasures based on data outcome.

m. Administration: Demonstrate the ability to complete a variety of report writing and document generation in support of service specific requirements.

3. After the above brainstorming session, it was discovered that 95% of the information required for the competencies are included in the EHO Orientation course presented at NEPMU# 5. The subcommittee strongly endorses a more ACTIVE role by NEPMU # 5 EHOs and PMTs to ensure the program accomplishes the original intent of the program. Program elements were designed to incorporate available Unit classes, review of materials in binders, ship visits, introduction to and review of MTF preventive medicine programs and exploration of field preventive medicine programs at Camp Pendleton.

4. The subcommittee strongly endorses BUMED's development of a guide for sampling techniques, media selection, standards and action levels. In the interim, USA CHPPM technical manual standards will be followed.

5. The subcommittee expressed the benefit of cross-training within the various PM disciples, however, it was determined that the EHO should be responsible for the more traditional preventive medicine/environmental health issues, allowing the RHO, IHO and PMO to focus their talent and expertise with CBRN/E initiatives.

6. Several SOPs for equipment use have been developed by the various NEPMUs. LTs Locke and Corson and LTjgs Veenhuis and Henderson will coordinate the review and standardization for all Units.

7. The subcommittee agreed that the HACH DREL water testing unit be removed from the EH AMMAL to the Laboratory AMMAL for the following reasons: specialized laboratory equipment (hood) is required for sample analysis; 2 day lapse time in establishing the laboratory equipment; specialized sampling methodology may detract from primary preventive medicine taskings. AMMAL and specialized equipment must be standardized throughout the Units to ensure the operational commander has access to all FD-PMU capabilities, regardless of team origin.

8. Training courses to enhance EHO competencies include: Operational Preventive Medicine course, Operational Entomology course, MDO-FMSS course, NEHC sponsored site assessment and risk communication course, CHART, Medical Intelligence Course (AFMIC) and EPI-Info (CDC).